

<i>SERFF Tracking Number:</i>	<i>STNA-125473810</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>State National Insurance Company Inc.</i>	<i>State Tracking Number:</i>	<i>#28921 \$50</i>
<i>Company Tracking Number:</i>	<i>LG-UCC-AR-IM-001-F</i>		
<i>TOI:</i>	<i>09.0 Inland Marine</i>	<i>Sub-TOI:</i>	<i>09.0005 Other Commercial Inland Marine</i>
<i>Product Name:</i>	<i>Commercial Inland Marine</i>		
<i>Project Name/Number:</i>	<i>Regional Trucking Program/LG-UCC-AR-IM-001-F</i>		

Filing at a Glance

Company: State National Insurance Company Inc.

Product Name: Commercial Inland Marine	SERFF Tr Num: STNA-125473810	State: Arkansas
TOI: 09.0 Inland Marine	SERFF Status: Closed	State Tr Num: #28921 \$50
Sub-TOI: 09.0005 Other Commercial Inland Marine	Co Tr Num: LG-UCC-AR-IM-001-F	State Status: Fees verified and received
Filing Type: Form	Co Status:	Reviewer(s): Betty Montesi, Llyweyia Rawlins, Brittany Yielding
	Author: Larry Wilk	Disposition Date: 03/04/2008
	Date Submitted: 02/25/2008	Disposition Status: Approved
Effective Date Requested (New): On Approval		Effective Date (New): 03/04/2008
Effective Date Requested (Renewal): On Approval		Effective Date (Renewal): 03/04/2008

State Filing Description:

General Information

Project Name: Regional Trucking Program
 Project Number: LG-UCC-AR-IM-001-F
 Reference Organization: ISO
 Reference Title:
 Filing Status Changed: 03/04/2008
 State Status Changed: 02/29/2008
 Corresponding Filing Tracking Number:
 Filing Description:

Status of Filing in Domicile: Pending
 Domicile Status Comments:
 Reference Number: Various
 Advisory Org. Circular:

Deemer Date:

We are filing our Motor Truck Cargo coverage form and endorsements. These will be used for our Regional Trucking program. This is a new program.

The text of the forms is identical to those filed by Universal Casualty Company. The applicable Universal Casualty filing numbers are AR-PC-06-022307 and AR-PC-07-023011.

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We are also filing to adopt all of ISO's currently approved forms.

Company and Contact

Filing Contact Information

Larry Wilk, Compliance Manager
150 Northwest Point Blvd
Elk Grove, IL 60007
lwilk@univcas.com
(847) 700-9163 [Phone]
(847) 228-4104[FAX]

Filing Company Information

State National Insurance Company Inc.
8200 Anderson Boulevard
Fort Worth, TX 76120
(800) 877-4567 ext. [Phone]

CoCode: 12831
Group Code: 93
Group Name:
FEIN Number: 75-1980552

State of Domicile: Texas
Company Type: Property & Casualty
State ID Number:

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
State National Insurance Company Inc.	\$0.00	02/25/2008	

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
28921	\$50.00	02/21/2008

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	03/04/2008	03/04/2008

Amendments

Item	Schedule	Created By	Created On	Date Submitted
Uniform Transmittal Document-Property & Casualty	Supporting Document	Larry Wilk	03/04/2008	03/04/2008

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Required Form	Note To Filer	Llyweyia Rawlins	03/04/2008	03/04/2008

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Disposition

Disposition Date: 03/04/2008

Effective Date (New): 03/04/2008

Effective Date (Renewal): 03/04/2008

Status: Approved

Comment:

Rate data does NOT apply to filing.

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Product Name: Commercial Inland Marine

Project Name/Number: Regional Trucking Program/LG-UCC-AR-IM-001-F

Item Type	Item Name	Item Status	Public Access
Supporting Document (revised)	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Third party filing authorization	Approved	Yes
Form	Motor Truck Cargo Legal Liability	Approved	Yes
Form	Property Declarations	Approved	Yes
Form	Fungus Exclusion Endorsement	Approved	Yes
Form	Schedule of Vehicles	Approved	Yes
Form	Inland Marine Policy Section	Approved	Yes
Form	Inland Marine Insurance	Approved	Yes
Form	Important Notice to Policyholders	Approved	Yes
Form	Terrorism Risk Insurance Act of 2002	Approved	Yes
Form	Electronic Data Recognition Exclusion	Approved	Yes
Form	Compliance With Applicable Trade Law	Approved	Yes
Form	Sanctions Endorsement	Approved	Yes
Form	Schedule of Forms	Approved	Yes
Form	Pollutants Exclusion Endorsement	Approved	Yes
Form	Common Policy Endorsements Section	Approved	Yes
Form	Vehicle Substitution Endorsement	Approved	Yes
Form	Limits of Insurance Endorsement	Approved	Yes
Form	Deductible Endorsement	Approved	Yes
Form	Change in Temperature Endorsement	Approved	Yes
Form	Ginned Cotton Endorsement	Approved	Yes
Form	Live Animals Endorsement	Approved	Yes
Form	Untarped Freight Endorsement	Approved	Yes
Form	Commercial Insurance Application	Approved	Yes
Form	Notice of Cancellation or Nonrenewal	Approved	Yes

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Amendment Letter

Amendment Date:

Submitted Date: 03/04/2008

Comments:

NAIC Transmittal Document is attached below.

Changed Items:

Supporting Document Schedule Item Changes:

Satisfied -Name: Uniform Transmittal Document-Property & Casualty

Comment:

NAIC Transmittal.pdf

SERFF Tracking Number: *STNA-125473810* *State:* *Arkansas*
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Note To Filer

Created By:

Llyweyia Rawlins on 03/04/2008 08:27 AM

Subject:

Required Form

Comments:

All serff filings must include a Property & Casualty Transmittal Document to be completed.
Before I can finish reviewing this filing please complete the transmittal document for our records.

Thank You

Llyweyia Rawlins

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type	Action	Action Specific Data	Readability	Attachment
Approved	Motor Truck Cargo Legal Liability	UCC 090	09 06	Policy/Coverage Form	New		0.00	6. Inland Marine Policy - UCC 090 09 06 - Motor Truck Cargo Legal Liability Scheduled Form SN.pdf
Approved	Property Declarations	UCC 091	09 06	Declaration	New	s/Schedule	0.00	3. Inland Marine Policy - UCC 091 09 06 - Property Declaration Page SN.pdf
Approved	Fungus Exclusion Endorsement	UCC 092	09 06	Endorsement/Amendment/Conditions	New		0.00	10a. Inland Marine Policy - UCC 092 09 06 - Fungus Exclusion Endorsement SN.pdf
Approved	Schedule of Vehicles	UCC 094	09 06	Declaration	New	s/Schedule	0.00	5. Inland Marine Policy - UCC 094 09 06 - Schedule of Vehicles SN.pdf
Approved	Inland Marine Policy Section	UCC 095	09 06	Other	New		0.00	1. Inland Marine

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							Policy - UCC 095 09 06 - Section Separation Page SN.pdf
Approved	Inland Marine Insurance	UCC 096	09 06	Other	New	0.00	2. Inland Marine Policy - UCC 096 09 06 - Cover Page SN.pdf
Approved	Important Notice to Policyholders Terrorism Risk Insurance Act of 2002	UCC 098	09 06	Disclosure/ Notice	New	0.00	8. Inland Marine Policy - UCC 098 09 06 - Notice to Policy Holders SN.pdf
Approved	Electronic Data Recognition Exclusion	UCC 099	09 06	Endorseme nt/Amendm ent/Condi tions	New	0.00	12a. Inland Marine Policy - UCC 099 09 06 - Electronic Data Recognition Exclusion Added SN.pdf
Approved	Compliance With Applicable Trade Law Sanctions Endorsement	UCC 100	09 06	Endorseme nt/Amendm ent/Condi tions	New	0.00	13a. Inland Marine Policy - UCC 100 09 06 - Compliance With Applicable Trade Sanction

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						Laws Condition Added SN.pdf
Approved	Schedule of Forms	UCC 101	09 06	Endorsement/Amendment/Conditions	0.00	4. Inland Marine Policy - UCC 101 09 06 - Schedule of Forms - SN.pdf
Approved	Pollutants Exclusion Endorsement	UCC 102	09 06	Endorsement/Amendment/Conditions	0.00	14a. Inland Marine Policy - UCC 102 09 06 - Pollutants Exclusion Endorsement SN.pdf
Approved	Common Policy Endorsements Section	UCC 103	09 06	Other New	0.00	9. Inland Marine Policy - UCC 103 09 06 - Common Policy Endorsements Separation Page SN.pdf
Approved	Vehicle Substitution Endorsement	UCC 104	09 06	Endorsement/Amendment/Conditions	0.00	15a. Inland Marine Policy - UCC 104 09 06 - Vehicle Substitution Endorsement SN.pdf
Approved	Limits of	UCC 106	09 06	Endorsement New	0.00	16a. Inland

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	Insurance			nt/Amendm			Marine
	Endorsement			ent/Condi			Policy - UCC
				ons			106 09 06 -
							Limits of
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							Endorsemen
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Approved	Deductible	UCC 107	09 06	Endorseme New	0.00		17a. Inland
	Endorsement			nt/Amendm			Marine
				ent/Condi			Policy - UCC
				ons			107 09 06 -
							Decuctible
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Approved	Change in	UCC 108	01 07	Endorseme New	0.00		18a. Inland
	Temperature			nt/Amendm			Marine
	Endorsement			ent/Condi			Policy - UCC
				ons			108 01 07 -
							Change in
							Temperature
							Endorsemen
							t SN.pdf
Approved	Ginned Cotton	UCC 109	09 06	Endorseme New	0.00		19a. Inland
	Endorsement			nt/Amendm			Marine
				ent/Condi			Policy - UCC
				ons			109 09 06 -
							Ginned
							Cotton
							Endorsemen
							t SN.pdf
Approved	Live Animals	UCC 110	09 06	Endorseme New	0.00		20a. Inland
	Endorsement			nt/Amendm			Marine
				ent/Condi			Policy - UCC
				ons			110 09 06 -
							Live Animals
							Endorsemen
							t SN.pdf
Approved	Untarped Freight	UCC 111	09 06	Endorseme New	0.00		21a. Inland

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	Endorsement		nt/Amendm ent/Condi ons		Marine Policy - UCC 111 09 06 - Untarped Freight Endorsemen t SN.pdf
Approved	Commercial Insurance Application	UCC APP 02 08	Application/ New Binder/Enro llment	0.00	UCC APP 02 08 corrected.pdf
Approved	Notice of Cancellation or Nonrenewal	UCC CNR 12 06	Canc/NonR New en Notice	0.00	CNR 001.pdf

INLAND MARINE INSURANCE

Motor Truck Cargo Legal Liability

Table of Contents

Section	Page No.
Who Is Insured	2
Coverage	3
Extensions of Coverages/Additional Coverage	3
Limits of Insurance	4
Deductible	5
Investigation Defense and Payment of Damages	5
Supplementary Payments	5
Coverage Territory	5
Exclusions	6
Conditions	9
Definitions	11

INLAND MARINE INSURANCE

Motor Truck Cargo Legal Liability

Contract

Words and phrases that appear in **bold** print have special meanings and are defined in the definitions section of this contract.

Throughout this contract the words "you" and "your" refer to the Named **Insured** shown in the Declarations of this policy, and any other person or organization qualifying as a Named **Insured** under this contract. The words "we," "us" and "our" refer to the company providing this insurance.

In addition to the Named **Insured**, other persons or organizations qualify as **insureds**. Those persons or organizations and the conditions under which they qualify are identified in the Who Is Insured section of this contract.

Who Is Insured

Sole Proprietorship If you are an individual, you and your spouse are **insureds**, but only with respect to the conduct of a business of which you are the sole owner.\

Partnership Or Joint Venture If you are a partnership or joint venture, you are an **insured**. Your members, your partners, and their spouses are also **insureds**, but only with respect to the conduct of your business.

Other Organizations If you are an organization other than a partnership or joint venture, you are an **insured**. Your **executive officers** and directors are **insureds**, but only with respect to their duties as your officers or directors. Your stockholders are also **insureds** but only with respect to their liability as stockholders.

Employees Your **employees**, other than your **executive officers**, are **insureds**, but only for acts within the scope of their employment by you or while performing duties related to the conduct of your business.

No **employee** is an **insured** for loss or damage to property owned or occupied by or rented or loaned to that **employee**, any of your other **employees**, or any of your partners or members (if you are a partnership or joint venture).

Custodian Any person or organization having proper temporary custody of your property if you die are **insureds**, but only with respect to the maintenance or use of that property until your legal representative has been appointed.

Legal Representative Your legal representative is an **insured**, if you die. That representative will have all of your rights and duties, but is an **insured** only with respect to his duties as your legal representative.

Limitation On Who No one is an **insured** for the conduct of any current or past partnership or joint

Is Insured

venture that is not shown as a named **insured** in the Declarations. Nor are any of the following an **insured** until such time as they are specifically named an **insured** under this contract:

- any financially controlled subsidiary of yours;
- any organization you newly acquire or form during the policy period; or
- any associated or affiliated companies or organizations.

Coverage

Motor Truck Cargo Legal Liability

Subject to the applicable Limit of Insurance for Motor Truck Cargo Legal Liability shown in the Declarations, we will pay damages the **insured** becomes legally obligated to pay by reason of the **insured**'s liability as:

- a common carrier truckman;
- a contract truckman; or
- other truckman for hire,

because of direct physical loss or damage to **freight** to which this insurance applies while such **freight** is:

- in or on a **conveyance**; or
- in, or within 100 feet of, a **terminal**

caused by an accident and arising out of a peril not otherwise - excluded.

This insurance applies to direct physical loss or damage which occurs:

- within the Coverage Territory; and
- during the policy period.

Extension Of Coverage

The following Extension of Coverage is included under your coverage for Motor Truck Cargo Legal Liability, and is subject to the applicable Limit of Insurance for Motor Truck Cargo Legal Liability shown in the Declarations.

Debris Removal

We will pay for the costs you incur to remove debris of damaged **freight** following direct physical loss or damage for which the **insured** is legally liable caused by an accident and arising out of a peril not otherwise excluded.

Debris removal will be paid only if reported to us in writing within 180 days of the date of the direct physical loss or damage to **freight**.

Debris removal does not apply to costs to:

- clean up or remove **pollutants** from air, land or water, either inside or outside of a building or other structure; or
- clean up, remove, restore or replace polluted air, land or water, either inside or outside of a building or other structure.

Additional Coverages

Unless otherwise stated, the following Additional Coverages are provided only if a Limit of Insurance for such Additional Coverages is shown in the Declarations.

Earned Freight

We will pay for freight charges which you have earned but which you are unable to collect due to direct physical loss or damage to **freight** caused by or resulting from a peril not otherwise excluded, not to exceed the applicable Earned Freight Limit Of Insurance shown in the Declarations.

Pollutant Clean Up Or Removal

We will pay the costs you incur to clean up or remove **pollutants** from air, land or water, either inside or outside of a building or other structure, if:

- the **pollutants** were part of **freight**; and
- the discharge, dispersal, seepage, migration, release, or escape of the **pollutants** is caused by or results from direct physical loss or damage for which the **insured** is legally liable to **freight** caused by an accident and arising out of a peril not otherwise excluded.

The costs will be paid only if they are reported to us in writing within 180 days of the date the peril occurred which caused or resulted in the discharge, dispersal, seepage, migration, release or escape of the **pollutants**.

The applicable Limit of Insurance shown in the Declarations for Pollutant Clean Up or Removal is the most we will pay for the sum of all such covered costs caused by or resulting from perils not otherwise excluded that occur during each separate 12 month policy period, regardless of whether this Additional Coverage appears in any other contract or contracts that form part of this policy.

We will not pay for the costs to test for, monitor, contain, treat, detoxify or neutralize, or in any way respond to or assess the effects of **pollutants**, other than payment for testing which is performed during the clean up or removal of the **pollutants** from the air, land or water, either inside or outside of a building or other structure.

Limits Of Insurance

The applicable Limit of Insurance for Motor Truck Cargo Legal Liability shown in the Declarations is the most we will pay in any one occurrence regardless of the number of:

- **insureds**;
- claims made or **suits** brought; or
- persons or organizations making claims or bringing **suits**.

Except as stated in Supplementary Payments, our liability for damages shall not exceed the amount for which the **insured** is legally liable, not to exceed:

- the invoice value of **freight** if there is an invoice; or
- the cash market value of **freight** at time and place of loss or damage if there is no invoice.

If any Extension of Coverage or Additional Coverages appear in both this contract and any other contract which forms a part of this policy, the applicable Limit of Insurance shown in the Declarations is the most we will pay for all contracts combined.

Deductible

We will pay the amount of loss or damage in excess of the applicable deductible amount shown in the Declarations for each occurrence.

Except for any deductible for Business Income or Extra Expense shown in the Declarations, if two or more deductibles apply to the same occurrence, only the largest single deductible will apply, unless otherwise stated.

Investigation, Defense And Payment Of Damages

We will have the right and duty to defend any **insured** against a **suit** seeking damages.

However, we will have no duty to defend any **insured** against a **suit** seeking damages to which this insurance does not apply. We may at our discretion investigate any accident and settle any claim or **suit** that may result.

The amount we will pay for damages is limited as described in Limits of Insurance. Our right and duty to defend end when we have used up the applicable Limit of Insurance in the payment of judgments or settlements.

We have no further obligation or liability to pay sums or perform acts or services unless explicitly provided for under Supplementary Payments shown below.

Supplementary Payments

We will pay, with respect to any claim we investigate or settle, or any **suit** against an **insured** we defend:

- all expenses we incur;
- the premium amount of bonds to release attachments, but only for premium amounts within the amount of insurance available. We do not have to furnish these bonds;
- reasonable expenses incurred by the **insured** at our request to assist us in the investigation or defense of the claim or **suit**;
- costs taxed against the **insured** in the **suit**;
- prejudgment interest awarded against the **insured** on that part of the judgment we pay. If we make an offer to pay the applicable Limit of Insurance, we will not pay any prejudgment interest based on that period of time after the offer; and
- all interest on the full amount of any judgment that accrues after entry of the judgment and before we have paid, offered to pay, or deposited in court the part of the judgment that is within the applicable Limit Of Insurance.

These payments will not reduce the Limits of Insurance.

Coverage Territory

The coverage territory is the United States of America, its territories or possessions, Canada and Puerto Rico.

Exclusions

Acts Or Decisions

This insurance does not apply to loss or damage arising out of acts or decisions, including the failure to act or decide, of any person, group, organization or governmental body.

This exclusion does not apply to ensuing loss or damage unless exclusion applies.

Dishonesty

This insurance does not apply to loss or damage arising out of fraudulent, dishonest, or criminal acts or omissions committed alone or in collusion with others by you, your partners, directors, trustees, and employees, or by anyone authorized to act for you, or anyone to whom you have entrusted **freight** for any purpose.

This exclusion does not apply to:

A. acts of vandalism unless such acts are committed by strikers or locked out workers;

B. acts committed by:

1. connecting carriers for hire; or
2. anyone claiming to be a connecting carrier for hire, other than an **insured**. A connecting carrier for hire does not include an independent operator who you have leased or hired;

C. acts committed by a warehouseman for hire, other than an **insured**; or

D. ensuing loss or damage unless another exclusion applies.

Governmental Action

This insurance does not apply to loss or damage arising out of seizure, confiscation, expropriation, nationalization or destruction of property by order of governmental authority, regardless of any other cause or event that directly or indirectly:

- contributes concurrently to;
- contributes in any sequence to; or
- worsens,

the loss or damage, even if such other cause or event would otherwise be covered.

This exclusion does not apply to loss or damage for which the **insured** is liable caused by or resulting from acts of destruction ordered by governmental authority:

- when taken at the time of a fire to prevent its spread, but only if the **insured**'s liability for such fire would be covered under this insurance; or
- if the act of destruction is made necessary by direct physical loss or damage caused by a peril not otherwise excluded.

Loss Of Market

This insurance does not apply to loss or damage arising out of loss of market, loss of use or delay.

This exclusion does not apply to ensuing loss or damage unless another exclusion applies.

Nuclear Hazard

This insurance does not apply to loss or damage arising out of nuclear reaction or radiation, or radioactive contamination, however caused, regardless of any other cause or event that directly or indirectly:

- contributes concurrently to;
- contributes in any sequence to; or
- worsens,

the loss or damage, even if such other cause or event would otherwise be covered.

Planning, Design, Materials Or Maintenance

This insurance does not apply to loss or damage (including the costs of correcting or making good) arising out of any faulty, inadequate or defective:

- planning, zoning, development, surveying, site selection;
- design, specifications, plans, workmanship, repair, construction, renovation, remodeling, grading, compaction;
- materials used in repair, construction, renovation or remodeling; or
- maintenance,
- of part or all of any property wherever located.

This exclusion does not apply to ensuing loss or damage unless another exclusion applies.

Pollutants

This insurance does not apply to:

- A. loss or damage arising out of the mixture of or contact with property and a **pollutant** when such mixture or contact causes the property to be impure and harmful to:

1. itself or other property;
2. persons, animals or plants;
3. air, land or water; or
4. any other part of an environment,

either inside or outside of a building or other structure, howsoever caused, regardless of any other cause or event that directly or indirectly:

1. contributes concurrently to;
2. contributes in any sequence to; or
3. worsens, the loss or damage, even if such other cause or event would otherwise be covered.

Paragraph A. does not apply to:

1. the mixture of or contact between property and **pollutants** if the mixture or contact arises out of a **named peril**;

2. the mixture of or contact between property you own, use or operate and **pollutants** if:

- a. the **pollutants** were part of or emitted from such property; and
- b. the mixture of or contact between such property and **pollutants** arises out of a peril not otherwise excluded;

3. a gas, water or other liquid which escapes from processing equipment, plumbing systems, refrigeration systems, cooling systems or heating systems (other than underground oil tanks, underground piping or underground tubing) provided such gas, water or other liquid is intended to be contained in such processing equipment, plumbing systems, refrigeration systems, cooling systems or heating systems;

4. any solid, liquid or gas used to suppress fire;

5. water which:

- a. backs up or overflows through sewers, drains or sump;
- b. seeps or leaks through basements, foundations, roofs, walls, floors or ceilings of any building or other structure; or
- c. enters doors, windows or other openings in any building or other structure.

Paragraphs 2 through 4 above do not apply to loss or damage involving:

1. radon or any other naturally occurring gaseous irritant or contaminant;
2. organisms or micro-organisms including bacteria, fungus, mold, or their spores or products; or
3. viruses or other pathogens; or

B. any increase in costs, loss or damage associated with the enforcement of any ordinance or law which requires any insured or others to test for, monitor, clean up, remove, contain, treat, detoxify or neutralize, or in any way respond to, or assess the effects of **pollutants** regardless of any other cause or event that directly or indirectly:

- contributes concurrently to;
- contributes in any sequence to; or
- worsens,

the loss or damage, even if such other cause or event would otherwise be covered.

Paragraph B. does not apply to Additional Coverage, Pollutant Clean Up Or Removal.

War and Military Action

This insurance does not apply to loss or damage arising out of:

- war, including undeclared or civil war;
- warlike action by a military force, including action in hindering or defending against an actual or expected attack, by

any government, sovereign or other authority using military personnel or other agents; or

- insurrection, rebellion, revolution, usurped power, or action taken by governmental authority in hindering or defending against any of these,

however caused, regardless of any other cause or event that directly or indirectly:

- contributes concurrently to;
- contributes in any sequence to; or
- worsens,

the loss or damage, even if such other cause or event would otherwise be covered.

Conditions

Arbitration

We are entitled to exercise all of the **insured's** rights in the choice of arbitrators and the conduct of any arbitration proceeding, except when the proceeding is between us and the **insured**.

Bankruptcy

Bankruptcy or insolvency of the **insured** or the **insured's** estate will not relieve us of any obligation to which this insurance applies.

Concealment Or Misrepresentation

This insurance is void if you or any other **insured** intentionally conceal or misrepresent any material fact or circumstance relating to this insurance at any time.

Insured's Duties In The Event Of Loss Or Damage

A. You must see to it that we are notified as soon as practicable of any loss or damage which may result in a claim. To the extent possible, notice should include:

1. how, when and where the loss or damage took place;
2. the names and addresses of any witnesses; and
3. the nature and location of the loss or damage.

B. If a claim is made or **suit** is brought against any **insured**, you must:

1. immediately record the specifics of the claim or **suit** and the date received; and
2. notify us in writing as soon as practicable.

C. You and any other involved **insured** must:

1. immediately send us copies of any demands, notices, summonses or legal papers received in connection with the claim or **suit**;
2. authorize us to obtain records and other information;
3. cooperate with us in the:
 - a. investigation or settlement of the claim; or
 - b. defense of the **suit**; and

4. assist us, upon our request, in the enforcement of any right against any person or organization which may be liable to the **insured** because of injury or damage to which this insurance may also apply.

D. No **insureds** will, except at that **insured**'s own cost, make a payment, assume any obligation, or incur any expense, other than for first aid, without our consent.

E. Notice given by or on behalf of:

1. the **insured**;
2. the injured person; or
3. any other claimant, to any licensed agent of ours with particulars sufficient to identify the insured shall be deemed notice to us.

F. Knowledge of any loss or damage by any agent or **employee** of the **insured** will not constitute knowledge by the **insured**, unless an officer or his designee receives such notice from its agent or **employee**.

G. Failure of an agent or **employee** of the **insured**, other than an officer or his designee, to notify us of any loss or damage which he knows about will not affect the insurance afforded you by this contract.

Legal Action Against Us

No person or organization has a right under this insurance:

- to join us as a party or otherwise bring us into a **suit** asking for damages from an **insured**; or
- to sue us on this insurance unless all of its terms have been fully complied with.

A person or organization may sue us to recover on an **agreed settlement** or on a final judgment against an **insured** obtained after:

- an actual trial in a civil proceeding;
- an arbitration proceeding; or
- an alternative resolution proceeding,

but we will not be liable for damages that are not payable under the terms of this insurance or that are in excess of the applicable Limits Of Insurance.

No Benefit To Carrier Or Bailee

No person or organization, other than you or a connecting carrier for hire, having custody of **freight** will benefit from this insurance.

Other Insurance

A. In another policy or with another company you may have other insurance covering the same loss or damage as the insurance provided under this policy. If you do, we will pay our share of the covered loss or damage. Our share is the proportion that the applicable Limit Of Insurance shown in the Declarations of this policy bears to the limits of insurance of all insurance covering the loss or damage.

B. In another part of this policy you may have other insurance for

loss or damage covered hereunder. In such case, there is no insurance under this contract until the limit of insurance available in that other contract is exhausted. When that limit of insurance is exhausted and if there is still loss or damage remaining to which this insurance applies, this contract will cover the remaining loss or damage, subject to the applicable Limit Of Insurance shown in the Declarations.

Reimbursement

By the acceptance of this policy you agree that if we have attached any endorsements to this policy in order to comply with the requirements of any federal, provincial, or state law or regulation regulating the transportation industry, or your financial responsibility, you will reimburse us for any payment we make, including any supplementary payments, and attorney fees necessarily incurred by us in obtaining reimbursement, that we are not obligated to make under this policy except for the liability imposed on us by such endorsements issued by us in order to comply with such laws and regulations.

The terms and conditions of this policy, and of any endorsement other than those necessary in order to comply with the laws and regulations specified above, remain as binding between the **insured** and us and no liability is covered by this policy except as specified in this policy and any endorsement other than those necessary in order to comply with the laws and regulations specified above.

Separation Of Insureds

Except with respect to the Limits Of Insurance and any rights or duties specifically assigned in this insurance to the first named **insured**, this insurance applies:

- as if each named **insured** were the only named **insured**; and
- separately to each **insured** against whom claim is made or **suit** is brought.

Transfer Of Rights Of Recovery

If the **insured** has rights to recover all or part of any payment we have made under this insurance, those rights are transferred to us. The **insured** must do nothing to impair them. At our request, the **insured** will bring **suit** or transfer those rights to us and help us enforce them.

Definitions

WHEN USED WITH RESPECT TO INSURANCE UNDER THIS CONTRACT:

Agreed Settlement

Agreed settlement means a settlement and release of liability signed by us, the **insured** and the claimant or the claimant's legal representative.

Crash, Collision, Upset Or Overturn

Crash, collision, upset or overturn means crash, collision, upset or overturn of the conveyances on which **freight** is shipped. **Crash, collision, upset or overturn** does not mean:

- collision or such conveyances with overpasses;

- contact of such conveyances with curbs, loading docks, marine docks, piers, railroad ties, railroad roadbed, roads or streets, runways or wharves; or
- the coming together or conveyances during coupling.

Earthquake

Earthquake means earthquake shocks. All earthquake shocks that occur within 168-hour period will constitute a single occurrence.

Employee

Employee means a person employed by an **insured** and includes a **leased worker** and a **temporary worker**.

Executive Officer

Executive officer means a person holding any of the officer positions created by your charter, constitution or by-laws.

Explosion

Explosion means explosion including the malicious use of explosives. **Explosion** does not mean mechanical breakdown, including rupture or bursting caused by centrifugal force.

Flood

Flood means:

- waves, tidal water or tidal waves; or
- rising or overflowing or breaking of any boundary

of natural or man-made lakes, reservoirs, ponds, brooks, rivers, streams, harbors, oceans or any other body of water or watercourse, whether driven by wind or not.

Freight

Freight means tangible property of others in your care, custody or control that is **in due course of transit** subject to a bill of lading, shipping receipt, delivery receipt or other legal contract of Affreightment when you are acting as a carrier for hire.

Freight does not mean:

- accounts, bills, deeds, evidences of debt, money, notes, securities, plans, blueprints and other similar papers;
- contraband;
- precious metals, precious and semiprecious stones, jewelry, furs, garments trimmed with fur, paintings, statuary and other works of art;
- property carried gratuitously or as an accommodation;
- property of others when the **insured**'s relationship to the owner of the property is that of a warehouseman; or
- property owned by any **insured**.

In Due Course Of Transit

In due course of transit means being shipped from the time the **insured** assumes actual or constructive care, custody or control of **freight** for the purposes of the actual movement of **freight** from the point of shipment bound for a specified destination, and ending when the first of the following occurs:

A. the property is accepted by, or on behalf of, the consignee at the intended destination;

B. the **freight** is accepted by, or on behalf of, the consignee at any intermediate point short of reaching the original intended destination;
C. the shipper or consignee orders the **freight** stopped and held pending instructions. However, this does not apply to **freight**:

1. while in the custody of your "on hand" department, for a period of time not to exceed 30 days; or
2. during "storage in transit".

In due course of transit includes ordinary, reasonable, and necessary stops, interruptions, delays, or transfers incidental to the route and method of shipment.

Insured

Insured means any person or organization qualifying as an insured under the Who Is Insured provision and against whom claim is made or **suit** is brought.

Leased Worker

Leased worker means a person leased to you by a labor leasing firm under an agreement between you and the labor leasing firm, to perform duties related to the conduct of your business. **Leased worker** does not include a **temporary worker**.

Named Peril

Named peril means:

- collapse of bridges, culverts, loading docks, marine docks, piers or wharves;
- **crash, collision, upset or overturn**;
- **earthquake**;
- **explosion**;
- fire or lightning;
- **flood**;
- **smoke**;
- stranding or sinking of waterborne conveyance;
- theft;
- **vandalism**;
- **volcanic action**; or
- **wind storm or hail**.

Pollutants

Pollutants means:

- any solid, liquid, gaseous or thermal irritant or contaminant, including smoke, vapor, soot, fibers, fumes, acids, alkalis, chemicals and waste. Waste includes materials to be disposed of, recycled, reconditioned or reclaimed;
- organisms or microorganisms including bacteria, fungus, mold, or their spores or products; or
- viruses or other pathogens.

Riot Or Civil Commotion

Riot or civil commotion means looting occurring at the time and place of a riot or civil commotion.

Smoke

Smoke means the sudden and accidental discharge of smoke.

Smoke does not mean smoke from agricultural smudging, industrial operations or fireplaces.

Suit

Suit means a civil proceeding in which damages because of loss or damage to which this insurance applies are alleged. **Suit** also includes:

- an arbitration proceeding in which such damages are claimed and to which the **insured** must submit or does submit with our consent; or
- any other alternative dispute resolution proceeding in which such damages are claimed and to which the **insured** submits with our consent.

Temporary Worker

Temporary worker means a person who is furnished to you for a finite time period to support or supplement your work force in special work situations such as **employee** absences, temporary skill shortages and seasonal workloads.

Vandalism

Vandalism means willful and malicious damage or destruction. **Vandalism** does not mean theft.

Volcanic Action

Volcanic action means:

- airborne volcanic blast or shock waves;
- ash, dust or particulate matter; or
- lava flow,

arising out of the eruption of a volcano.

All volcanic eruptions that occur within a 168-hour period will constitute a single occurrence.

Windstorm Or Hail

Wind storm or hail means windstorm or hail excluding frost or cold weather, snow, sleet or ice other than hail, whether driven by wind or not.

All windstorm or hail that occurs within a 168-hour period will constitute a single occurrence.

INLAND MARINE INSURANCE

PROPERTY DECLARATIONS

**State National Insurance
Company, Inc.
8200 Anderson Blvd.
Fort Worth, TX 76120**

Named Insured and Mailing Address

Policy Number _____

Effective Date _____

Producer Number _____

Producer _____

Policy Period

From: _____ To: _____
(12:01AM Standard Time at the Named Insured's mailing address shown above)

Deductible: _____

The deductible shown above applies to all coverages, except Business Income and Extra Expense, contained within his policy unless a specific coverage deductible is shown below.

Coverages - Following displays the coverages provided by this policy

Premises Coverages Away From Premises

– the following displays the coverages provided away from premises

MOTOR TRUCK CARGO LEGAL LIABILITY – SCHEDULED FORM

Per Occurrence Limit _____

Per Conveyance Limit _____

Deductible _____

EARNED FREIGHT

Limit of Insurance _____

Coverages at Named Premises, Unnamed Premises, and Away From Premises

– the following displays the coverages provided at premises which are specifically covered under this insurance, other premise and away from premises.

POLLUTANT CLEAN UP OR REMOVAL

Limit of Insurance

MOTOR TRUCK CARGO LEGAL LIABILITY

SCHEDULED NEWLY ACQUIRED TERM

Newly Acquired Limit

INLAND MARINE INSURANCE

FUNGUS EXCLUSION; ENDORSEMENT

Effective Date _____

Policy Number _____

Under Exclusions, the following is added:

Exclusions

Fungus

This insurance does not apply to loss or damage:

- which is **fungus**;
- which is in anyway attributed to the presence of **fungus**; or
- arising out of **fungus**

regardless of any other cause or event that directly or indirectly;

- contributes concurrently to;
- contributes in any sequence to; or
- worsens,

the loss or damage, even if such other cause or event would otherwise be covered.

The Fungus exclusion does not apply when the presence of **fungus** results from:

- explosion;
- fire;
- leakage from fire protection equipment; or
- lightning

Under definitions, the definitions of Pollutants is deleted and replaced with he following:

Definitions

Pollutants

Pollutants means any solid, liquid, gaseous or thermal irritant or contaminant, including smoke, vapor soot, fibers, fumes, acids, alkalis, chemicals and waste. Waste includes materials to be disposed of, recycled, reconditioned or reclaimed.

Pollutants does not mean **fungus**

Under definitions, the following definition is added:

Definitions

Fungus

Fungus means any:

- A. 1. mildew, mold, or other fungi;
 1. other micro-organisms; or
 2. mycotoxins, spores, or other by-products of the foregoing; or
- B. colony or group of any of the foregoing.

All other terms and conditions remain unchanged.

Authorized Representative

INLAND MARINE INSURANCE

Schedule of Vehicles

Policy Period _____ To: _____

Effective Date _____

Policy Number _____

Insured _____

Name of Company STATE NATIONAL INSURANCE
COMPANY, INC.

Date Issued _____

Vehicle Item No.	Make	Model	Year	Vehicle Identification No.
001				
002				
003				

Inland Marine Policy Section

Inland Marine Insurance

FOR

State National Insurance Company, Inc.

Producer:

State National Insurance Company, Inc.
8200 Anderson Blvd.
Fort Worth, TX 76120

IMPORTANT NOTICE TO POLICYHOLDERS TERRORISM RISK INSURANCE ACT OF 2002

This Important Notice is being provided with your policy to further satisfy the disclosure requirements of the Terrorism Risk Insurance Act of 2002 ("TRIA")

At the time you received the written offer for this policy, we provided you with an Important Notice to Policyholders indicating that the insurance provided in your policy for losses caused by certain acts of terrorism (as defined in TRIA) would be partially reimbursed by the United States of America, pursuant to the formula set forth in TRIA. In addition, as required by TRIA, we

- indicate that we would make available insurance for such losses in the same manner as we provide insurance for other types of losses
- specified the premium we would charge, if any, for providing such insurance; and
- except to the extent prohibited by law, gave you the opportunity to reject such insurance and have a terrorism exclusion, sublimit or other limitation included in your policy.

This Important Notice refers back to that Important Notice and provides information about your decision and manner in which your policy has been subsequently modified.

If:

- You rejected terrorism insurance under TRIA, your policy includes the appropriate amendatory endorsement(s),
- You did not reject terrorism insurance under TRIA the premium charged for your policy, including that portion applicable to terrorism insurance under TRIA, is shown in your policy. To the extent your policy includes a limitation does not apply to terrorism insurance under TRIA

Please carefully review your policy and the Important Notice previously provided to you for further details. Please remember that only other terms of your policy establish the scope of your insurance protection.

Please note that if your policy:

- **provides commercial property insurance in jurisdiction that has a statutory standard fire policy, the premium we charge for terrorism insurance under TRIA, includes an amount attributable to the insurance provided pursuant to that standard fire policy, Rejection of such statutory insurance is legally prohibited.**
- **is a workers compensation policy, rejection of insurance for terrorism is legally prohibited.**

INLAND MARINE INSURANCE

ELECTRONIC DATA RECOGNITION EXCLUSION; ENDORSEMENT

Policy Period _____ To: _____
Effective Date _____
Policy Number _____
Insured _____
Name of Company STATE NATIONAL INSURANCE
Date Issued COMPANY, INC. _____

This Endorsement applies to the following forms

MOTOR TRUCK CARGO LEGAL LIABILITY – SCHEDULED FORM

Under Exclusions, and only with respect to the form shown above, the following exclusion is added.

Electronic Data Recognition

- A. This insurance does not apply to:
- B. loss or damage caused by or resulting from failure of any owned or non-owned:
1. computer system, computer equipment, hardware, program or software; or
 2. micro-chip, integrated circuit or similar device in computer equipment or non-computer equipment

to correctly recognize any data as its true correct date, regardless of any other cause or event that directly or indirectly:

1. contributes concurrently to;
2. contributes in any sequence to; or
3. worsens,

the loss or damage, even if such other cause or event would otherwise be covered.

Paragraph A. does not apply to ensuing loss or damage caused by or resulting from:

1. a **specified peril**;
2. theft; or
3. freezing or plumbing or sprinkler systems.

B. any cost or expense you incur to repair or modify any:

1. computer system, computer equipment, hardware, program or software; or
2. computer equipment or non-computer equipment containing a micro-chip, integrated circuit or similar device,

in order that to correct deficiencies or failures of logic or operation.

All other terms and conditions remain unchanged.

Authorized Representative

INLAND MARINE INSURANCE

COMPLIANCE WITH APPLICABLE TRADE SANCTION LAWS; ENDORSEMENT

Policy Period _____ To: _____

Effective Date _____

Policy Number _____

Insured _____

Name of Company STATE NATIONAL INSURANCE
COMPANY, INC.

Date Issued _____

This Endorsement applies to the following forms

COMMON POLICY CONDITIONS

The following condition is added.

*Compliance With
Applicable Trade
Sanction Laws* This insurance does not apply to the extent that trade or economic sanctions or
other laws or regulations prohibit us from providing insurance.

All other terms and conditions remain unchanged.

Authorized Representative _____

INLAND MARINE INSURANCE

SCHEDULE OF FORMS

Policy Period _____ To: _____

Effective Date _____

Policy Number _____

Insured _____

Name of Company STATE NATIONAL INSURANCE COMPANY, INC.

Date Issued _____

The following is a schedule of forms issued with the policy at inception:

<i>Form Number</i>	<i>Form Name</i>
UCC 096 09 06	INLAND MARINE COVER PAGE
UCC 095 09 06	INLAND MARINE DECLARATIONS SEPARATION PAGE
UCC 101 09 06	SCHEDULE OF FORMS
UCC 091 09 06	PROPERTY DECLARATIONS
UCC 094 09 06	SCHEDULE OF VEHICLES
UCC 090 09 06	MOTOR TRUCK CARGO LEGAL LIABILITY SCHED FORM
UCC 092 09 06	FUNGUS EXCLUSION ADDED (MTC OR RIGGERS LL)
UCC 102 09 06	POLLUTANTS EXCLUSION ENDORSEMENT
UCC 098 09 06	NOTICE TO POLICY HOLDERS
UCC 099 09 06	ELECTRONIC DATA RECOGNITION EXCLUSION ADDED
UCC 103 09 06	INLAND MARINE COMMON POLICY ENDORSEMENTS SEPARATION PAGE
UCC 100 09 06	COMPLIANCE WITH APPLICABLE TRADE SANCTION LAWS CONDITION ADDED
IL 09 56 11 02	EXCLUSION OF CERTIFIED ACTS AND OTHER ACTS OF TERRORISM; COVERAGE FOR CERTAIN FIRE LOSSES

INLAND MARINE INSURANCE

POLLUTANTS EXCLUSION; ENDORSEMENT

Policy Period _____ To: _____

Effective Date _____

Policy Number _____

Insured _____

Name of Company STATE NATIONAL INSURANCE
COMPANY, INC.

Date Issued _____

This Endorsement applies to the following forms

MOTOR TRUCK CARGO LEGAL LIABILITY – SCHEDULED FORM

Under Exclusions, the Pollutants exclusion is deleted and replaced by the following:

Exclusions

Pollutants

This insurance does not apply to:

- A. loss or damage arising out of the mixture of or contact between property and a pollutant when such mixture or contact causes the property to be impure and harmful to:

1. itself or other property;
2. persons, animals, or plants;
3. land, water, or air; or
4. any other part of an environment,

either inside or outside of a building or other structure. This exclusion applies regardless of any other cause or event that directly or indirectly:

1. contributes concurrently to;
2. contributes in any sequence to; or
3. worsens,

the loss or damage, even if such other cause or event would otherwise be covered

But paragraph A. does not apply to:

1. the mixture of or contact between property and **pollutants** if the mixture or contact arises out of a **specified peril**;
2. the mixture of or contact between property you own, use or operate and **pollutants** if:
 - a. the **pollutants** were part of or emitted from such property; and
 - b. the mixture of or contact between such property and **pollutants** arises out of a peril not otherwise excluded
3. a gas, water or other liquid that escapes from processing equipment, plumbing systems, refrigeration systems, cooling systems or heating systems (other than underground oil tanks, underground piping or underground tubing) provided such gas, water or other liquid is intended to be contained in such processing equipment, plumbing systems, refrigeration systems, cooling systems or heating systems;
4. any solid, liquid or gas used to suppress fire;
5. water that:
 - a. backs up or overflows through sewers, drains, or sump;
 - b. seeps or leaks through basements, foundations, roofs, walls, floors, or ceilings of any building or other structure; or
 - c. enter doors, windows or other openings in any building or other structure.

Paragraphs 2. through 4. immediately above do not apply to loss or damage involving random or any other naturally occurring gaseous irritant or contaminant; or

- B. any increase in costs, loss or damage associated with the enforcement of any ordinance or law that requires any insured or others to test for, monitor, clean up, remove, contain, treat, detoxify or neutralize, or in any way respond to, assess the effects of pollutants, regardless of any other cause or event that directly or indirectly:
- contributes concurrently to;
 - contributes in any sequence to; or
 - worsens

the loss or damage, even if such other cause or event would otherwise be covered.

But paragraph B. does not apply to the Additional Coverage, Pollutant Clean Up Or Removal.

Common Policy Endorsements Section

INLAND MARINE INSURANCE

VEHICLE SUBSTITUTION; ENDORSEMENT

Policy Period _____ To: _____

Effective Date _____

Policy Number _____

Insured _____

Name of Company STATE NATIONAL INSURANCE
COMPANY, INC.

Date Issued _____

This Endorsement applies to the following forms

MOTOR TRUCK CARGO LEGAL LIABILITY – SCHEDULED FORM

Under Extensions of Coverage, the following is added:

Extensions of Coverage

Vehicle Substitution We will pay damages the **insured** becomes legally obligated to pay by reason of the **insured's** liability as:

- A common carrier truckman;
- A contract truckman; or
- Other truckman for hire,

because of direct physical loss or damage to **freight**, caused by an accident and arising out of a peril not otherwise excluded, to which this insurance applies, while such **freight** is:

- In or on a vehicle not shown on the Schedule of Vehicles; or
- In or on a trailer attached to a vehicle not shown on the Schedule of Vehicles,

if such vehicle:

A. Is a substitute for a vehicle shown on the Schedule of Vehicles which:

- 1) Has become disabled;

- 2) Has been stolen; or
- 3) Is no longer licensed by the **insured** for road use

This extension of coverage applies until the first of the following occurs:

- you report the substituted vehicle to us;
- 30 days passes from the date you substituted such vehicle; or
- the policy expires,

At our request, you will provide us with:

- the official log for such vehicle;
- motor vehicle records regarding the licensing of such vehicles;
- a police report for the stolen vehicle on the Schedule of Vehicles.

This extension of coverage applies to direct physical loss or damage which occurs:

- within the Coverage Territory; and
- during the policy period.

INLAND MARINE INSURANCE

LIMITS OF INSURANCE; ENDORSEMENT

Policy Period _____ To: _____

Effective Date _____

Policy Number _____

Insured _____

Name of Company STATE NATIONAL INSURANCE
COMPANY, INC.

Date Issued _____

This Endorsement applies to the following forms

MOTOR TRUCK CARGO LEGAL LIABILITY – SCHEDULED FORM

Limits of Insurance

Limits of Insurance is removed and replaced by the following:

The limit of Insurance for Motor Truck Cargo Legal Liability Shown in the Declarations is the most we will pay in any one occurrence regardless of the number of:

- insured's;
- claims made or suits brought; or
- persons or organizations making claims or bringing suits.

Subject to the applicable Limit of Insurance for Motor Truck Cargo Legal Liability, the Motor Truck Cargo Legal Liability Limit of Insurance Per Conveyance shown in the Declaration is the most we will pay in any one occurrence involving any one conveyance.

Except as stated in Supplementary Payments, our liability for damages shall not exceed the amount for which the insured is legally liable, not to exceed:

- The invoice value of freight if there is an invoice; or
- The cash market value of freight at time and place of loss or damage if there is no invoice.

If any Extension Of Coverage or Additional Coverages appear in both this contract and any other contract which forms a part of this policy, the applicable

Limit of Insurance shown in the Declarations is the most we will pay for all contracts combined.

INLAND MARINE INSURANCE

DEDUCTIBLE; ENDORSEMENT

Policy Period _____ To: _____

Effective Date _____

Policy Number _____

Insured _____

Name of Company STATE NATIONAL INSURANCE
COMPANY, INC.

Date Issued _____

This Endorsement applies to the following forms

MOTOR TRUCK CARGO LEGAL LIABILITY – SCHEDULED FORM

Deductible is removed and replaced by the following:

Deductible

We will pay the amount of loss or damage in excess of the applicable deductible amount shown in the Declarations for each occurrence, except as provided below.

For loss or damage caused by mechanical breakdown of, or electrical injury to, refrigeration or heating equipment, we will pay loss or damage in excess of:

- The applicable deductible amount shown in the Declarations for each occurrence; or
- \$2,500 for each occurrence,

whichever is more.

Except for any deductible for Business Income or Extra Expense shown in the Declarations, if two or more deductibles apply to the same occurrence, only the largest single deductible will apply, unless otherwise stated

INLAND MARINE INSURANCE

CHANGE IN TEMPERATURE; ENDORSEMENT

Policy Period _____ To: _____

Effective Date _____

Policy Number _____

Insured _____

Name of Company STATE NATIONAL INSURANCE
COMPANY, INC.

Date Issued _____

This Endorsement applies to the following forms

MOTOR TRUCK CARGO LEGAL LIABILITY – SCHEDULED FORM

Under Exclusions, the following endorsement is added:

Exclusions

Change in Temperature

This insurance does not apply to loss or damage arising out of changes in or extremes of temperature or humidity, or freight being decayed, deteriorated, frosted, thawed, rusted, rotted, spotted, soured, steamed or changed in flavor, color texture, finish or appearance.

This change in temperature exclusion does not apply to loss or damage for which the insured is legally liable caused by:

A.

- 1) The mechanical breakdown of; or
- 2) Electrical injury to refrigeration or heating equipment that has been maintained in accordance with the equipment manufacturer's recommended maintenance instruction; and
- 3) such breakdown results in a change of temperature or extremes of temperature which is evidenced by:
 - a. a temperature recording device or
 - b. entries in the driver's official log of the actual temperature within the cargo carrying compartment at least once every four hours; or

- B. mechanical breakdown of or electrical injury to the insured's vehicle as evidenced by entries in the driver's official log and repair bills showing repair of the vehicle.

Mechanical breakdown or electrical injury does not include:

- Lack of fuel for the conveyance or for the refrigeration or heating equipment; or
- Improper lubrication of the refrigeration or heating equipment.

INLAND MARINE INSURANCE

GINNED COTTON; ENDORSEMENT

Policy Period _____ To: _____

Effective Date _____

Policy Number _____

Insured _____

Name of Company STATE NATIONAL INSURANCE
COMPANY, INC.

Date Issued _____

This Endorsement applies to the following forms

MOTOR TRUCK CARGO LEGAL LIABILITY – SCHEDULED FORM

Under Exclusions, the following endorsement is added:

Exclusions

Ginned Cotton

This insurance does not apply to loss or damage arising out of fire, explosion or spontaneous combustion of ginned cotton if one or more bales **in due course of transit** were ginned within seventy-two hours prior to being **in due course of transit**.

INLAND MARINE INSURANCE

LIVE ANIMALS; ENDORSEMENT

Policy Period _____ To: _____

Effective Date _____

Policy Number _____

Insured _____

Name of Company STATE NATIONAL INSURANCE
COMPANY, INC.

Date Issued _____

This Endorsement applies to the following forms

MOTOR TRUCK CARGO LEGAL LIABILITY – SCHEDULED FORM

Under Exclusions, the following endorsement is added:

Exclusions

Live Animals

This insurance does not apply to death, destruction, injury or disease of live animals.

This Live Animals exclusion does not apply if such death, destruction, injury, or disease arises out of a **named peril**.

INLAND MARINE INSURANCE

UNTARPED FREIGHT; ENDORSEMENT

Policy Period _____ To: _____

Effective Date _____

Policy Number _____

Insured _____

Name of Company STATE NATIONAL INSURANCE
COMPANY, INC.

Date Issued _____

This Endorsement applies to the following forms

MOTOR TRUCK CARGO LEGAL LIABILITY – SCHEDULED FORM

Under Exclusions, the following endorsement is added:

Exclusions

Untarped Freight

This insurance does not apply to rust, oxidation or corrosion of **freight**, or loss or damage arising out of rain, hail, sleet, snow, sand or dust.

This Untarped Freight exclusion does not apply to loss or damage for which the insured is legally liable if:

- **freight** was not transported on a flatbed trailer; or ;
- you demonstrate that **freight** transported on a flatbed trailer was completely and securely covered by a waterproof tarpaulin which first sustained damage by an accident arising out of a peril not otherwise excluded, through which rain, hail, snow, sand, or dust entered.

State National Insurance Company Inc.

COMMERCIAL INSURANCE APPLICATION

GENERAL INFORMATION							
Name: _____				Federal ID or S.S. No.: _____		U.S. DOT No.: _____	
Dates Coverage Desired: FROM: _____ TO: _____				Years in Trucking Industry: _____		Years in Business: _____	
Location	Address:	City	State	Zip	Country	Contact Info	Type

M = Mailing / G = Garage TYPE: P=Phone, F=Fax, E=Email, C=Cell

DESCRIPTION OF OPERATIONS		<input type="checkbox"/> For Hire <input type="checkbox"/> Private <input type="checkbox"/> Non-Trucking <input type="checkbox"/> Other (explain)					
Range of Transport		Radius	%	City	%	City	%
<input type="checkbox"/> Interstate <input type="checkbox"/> Intrastate		0 - 100	%		%		%
		101 - 300	%		%		%
		301 - over	%		%		%
					%		%
OPERATIONS LESS THAN 300 MILE RADIUS - list city destinations:							
OPERATIONS BEYOND 300 MILE RADIUS - identify cities traveled through or into:							
<input type="checkbox"/> ZONE 1	<input type="checkbox"/> Buffalo, NY	<input type="checkbox"/> Hartford, CT	<input type="checkbox"/> Memphis, TN	<input type="checkbox"/> Omaha, NE	<input type="checkbox"/> San Diego, CA		
<input type="checkbox"/> ZONE 2	<input type="checkbox"/> Charlotte, NC	<input type="checkbox"/> Houston, TX	<input type="checkbox"/> Miami, FL	<input type="checkbox"/> Philadelphia, PA	<input type="checkbox"/> San Francisco, CA		
<input type="checkbox"/> ZONE 3	<input type="checkbox"/> Chicago, IL	<input type="checkbox"/> Indianapolis, IN	<input type="checkbox"/> Milwaukee, WI	<input type="checkbox"/> Phoenix, AZ	<input type="checkbox"/> Seattle, WA		
<input type="checkbox"/> ZONE 4	<input type="checkbox"/> Cincinnati, OH	<input type="checkbox"/> Jacksonville, FL	<input type="checkbox"/> Minneapolis/St. Paul, MN	<input type="checkbox"/> Pittsburgh, PA	<input type="checkbox"/> Other: _____		
	<input type="checkbox"/> Cleveland, OH	<input type="checkbox"/> Kansas City, KS	<input type="checkbox"/> Nashville, TN	<input type="checkbox"/> Portland, OR	<input type="checkbox"/> Other: _____		
<input type="checkbox"/> Atlanta, GA	<input type="checkbox"/> Dallas/Fort Worth, TX	<input type="checkbox"/> Little Rock, AR	<input type="checkbox"/> New Orleans, LA	<input type="checkbox"/> Richmond, VA	<input type="checkbox"/> Other: _____		
<input type="checkbox"/> Baltimore, MD	<input type="checkbox"/> Denver, CO	<input type="checkbox"/> Los Angeles, CA	<input type="checkbox"/> New York City, NY	<input type="checkbox"/> St. Louis, MO	<input type="checkbox"/> Other: _____		
<input type="checkbox"/> Boston, MASS	<input type="checkbox"/> Detroit, MI	<input type="checkbox"/> Louisville, KY	<input type="checkbox"/> Oklahoma City, OK	<input type="checkbox"/> Salt Lake City, UT	<input type="checkbox"/> Other: _____		

COMMODITIES TRANSPORTED		List shipper requirements, if any:			
<input type="checkbox"/> Refuse/Waste/Garbage <input type="checkbox"/> Property (non-hazardous)		<input type="checkbox"/> Hazardous Substances requiring \$1,000,000 liability limits or less <input type="checkbox"/> Hazardous Substances requiring liability limits in excess of \$1,000,000 (please explain)			
Commodity	Percent of Loads	Value	Commodity	Percent of Loads	Value
	%			%	
	%			%	
	%			%	

Y <input type="checkbox"/> N <input type="checkbox"/>	1. Are fillings required?	Docket #:	MCP #:	Other:
Y <input type="checkbox"/> N <input type="checkbox"/>	2. Do you act as a freight-broker or freight-forwarder or arrange loads for others?			
	If yes, provide Brokerage Name:			Docket #:
	Annual Brokerage Revenue:			
Y <input type="checkbox"/> N <input type="checkbox"/>	3. Is all equipment operated under the applicant's authority scheduled on the application? If no, attach explanation.			
Y <input type="checkbox"/> N <input type="checkbox"/>	4. Is all owned equipment scheduled on this application? If no, attach explanation.			
Y <input type="checkbox"/> N <input type="checkbox"/>	5. Is all scheduled equipment owned by you? If no, attach explanation.			
Y <input type="checkbox"/> N <input type="checkbox"/>	6. Do you sub-haul, lease or hire equipment from others? If yes, is it:			
	a. If permanently leased, is it scheduled on this application?			
	b. If permanently leased, are autos hired with drivers?			
	c. If trip leased, provide the annual estimated cost of hire		Current Year	Prior Year
Y <input type="checkbox"/> N <input type="checkbox"/>	7. Do you lease to others? If yes, who must provide primary insurance?			
	If you provide insurance, is coverage desired for:			
	If Named Lessee(s), attach a list of Name and Addresses for each lessee.			
Y <input type="checkbox"/> N <input type="checkbox"/>	8. Do you pull doubles?			
Y <input type="checkbox"/> N <input type="checkbox"/>	a. Do you pull triples?			
Y <input type="checkbox"/> N <input type="checkbox"/>	9. Do you haul containers or containerized freight?			
Y <input type="checkbox"/> N <input type="checkbox"/>	10. Do you haul oversize / overweight loads?			

DRIVER INFORMATION		Must Be Completed For All Drivers If needed, additional space provided on pg 4				
Driver	Date of Birth	License Number	State	# Years Driving Similar Equipment	Date of Hire	Notes

DRIVER VIOLATIONS		Must be provided for all drivers, and provide three years of information.			
Driver	Date	# of Major	# of Minor	Describe/Comments	

DRIVER EMPLOYMENT HISTORY		If you have not had insurance for the past two years in your name, provide three years Employment history for each driver. (Do not indicate 'self-employed' unless you have had insurance in your name.)		
Driver	Prior Employer	Full address	Dates of Employment	Type of Unit
			to	
			to	
			to	

UNIT REVENUE AND MILEAGE		Actual & Estimated		
	Period	Units	Revenue	Mileage
Projected				
Current				

INSURANCE HISTORY & LOSS EXPERIENCE		Years Prior Insurance Under Business Name							
HAS ANY INSURANCE COMPANY CANCELLED OR NONRENEWED YOUR POLICY IN THE LAST THREE YEARS? If yes, please explain _____									EXEMPT IN MISSOURI
Policy Term FROM TO	Insurance Company	Type:	Policy Number	# of Units Insured	Any losses over the policy term	If Yes, How Many	\$ Amount	Drivers Involved In Loss	
					Y <input type="checkbox"/> N <input type="checkbox"/>				
					Y <input type="checkbox"/> N <input type="checkbox"/>				
					Y <input type="checkbox"/> N <input type="checkbox"/>				

TYPE OPTIONS: P = Physical Damage; C=Cargo, L=Primary Liability; N=Non-Trucking Liability

ACCIDENT DESCRIPTION		
Policy	Company	Description

SCHEDULE OF AUTOS TO BE INSURED			All units you own or are leased to you must be scheduled and insured if fillings are to be made If needed, additional space provided on pg 5					
Model Year	Trade Name	Type (Trctr/Trlr)	Trailer Type D=Dump F=Flat R=Reefer V=Van	VIN Number	GVW/GCW	Stated Value	Max Radius	Owner's Name

LIENHOLDER INFORMATION						
VIN Number	Name	Address	City	State	Zip Code	

FINANCED VALUE COVERAGE	The Stated Value of each auto must be equal to or greater than the outstanding financial obligation for that auto in order for the Financed Value Coverage to apply.
--------------------------------	--

COVERAGES				
	Coverages	Limit	Deductible	Special Comments
<input type="checkbox"/>	Primary Liability			
<input type="checkbox"/>	Uninsured Motorists*			
<input type="checkbox"/>	Underinsured Motorists*			
<input type="checkbox"/>	Hired Autos			
<input type="checkbox"/>	Non-owned Autos			
<input type="checkbox"/>	Physical Damage			
<input type="checkbox"/>	Trailer Interchange			
<input type="checkbox"/>	Cargo/Inland Marine			
<input type="checkbox"/>	Truckers General Liability			
<input type="checkbox"/>	Medical Payment*			
<input type="checkbox"/>	Personal Injury Protection*			
<input type="checkbox"/>	Combined Deductible			

* Coverage selection/rejection forms(s) for Uninsured Motorists, Underinsured Motorists, Medical Payments, and Personal Injury Protection (as required by state laws) must be completed and submitted together with this application for insurance coverage.

SCHEDULE OF ADDITIONAL INSURED(S) (SHIPPER)		
No.	Additional Insured's Name	Notes

Attention all applicants in the states of AL, AR, AZ, CA, CO, DE, FL, IN, KY, MN, NH, NJ, NY, OH, PA, TN, UT
– For your protection, the preceding states' laws require the following to appear on this forms: Any person who knowingly, and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false, incomplete, or misleading information, or conceals information concerning any material fact thereto, commits a fraudulent insurance act, which is a crime punishable by incarceration, and shall also be subject to civil penalties.

For risks located in New York, Pennsylvania, and California: Any person who knowingly makes or assists, abets, solicits or conspires with another to make a false or misleading report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, a state department of motor vehicles, or an insurance company, commits perjury or a fraudulent insurance act, which are crimes punishable by incarceration, and shall also be subject to a civil penalty.

SIGNATURES		
<p>I authorize, _____ to obtain a copy of my Motor Vehicle Report for rating/underwriting the insurance for which I have applied. I also understand that a routine inquiry may be made providing information concerning my character, general reputation, personal characteristics and mode of living, as well as any pertinent financial data deemed necessary. Upon written request, information as to the nature and scope of the report will be provided to me.</p> <p>I hereby certify that the foregoing statements and answers are a just, full and true exposition of all the facts and circumstances with regard to the risk to be insured, insofar as the same are known to me, and the same are hereby made as the basis and condition of the insurance.</p> <p>Any person who, with the intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud. By signing below, I affirm full knowledge of and adherence to current D.O.T. Safety Regulations, and hereby apply for insurance with respect to the coverages stated herein.</p> <p>It is through the inducement of the provided information that State National Insurance Company, Inc. shall issue a policy. It is a stipulation of the policy that the policy shall become null and void, and no benefit or effect whatsoever as to any claim arising, in the event that any of the accurate admittance of the application are found false or fraudulent in nature.</p> <p>The vehicles to be insured are owned or leased by the Applicant/Name Insured and the drivers on record with State National Insurance Company, Inc. will be the only drivers of the insured vehicles during the policy period and all subsequent renewals unless additional drivers are reported to and approved by State National Insurance Company, Inc. prior to the operation or use of any vehicle shown in the policy.</p>		
APPLICANTS NAME	DATE	APPLICANT'S SIGNATURE
PRODUCER NAME	PHONE / FAX	PRODUCER'S SIGNATURE

[illegible]

[illegible]

**NOTICE OF CANCELLATION
OR NONRENEWAL**

COMPANY:

INSURED:

Date Mailed:

Kind of Policy: Truckers

Policy Number:

Issued Through:

TERMINATION WILL TAKE EFFECT AT 12:01 AM (STANDARD TIME)

On: _____

____ **CANCELLATION** You are hereby notified in accordance with the terms and conditions of the above mentioned policy that your insurance will cease at and from the hour and date mentioned above. If the premium has been paid, premium adjustment will be made as soon as practicable after cancellation becomes effective. If the premium has not been paid, a bill for the premium earned to the time of cancellation will be forwarded in due course.

Reason(s) for cancellation: _____

____ **NONRENEWAL** You are hereby notified in accordance with the terms and conditions of the above mentioned policy that the above mentioned policy will expire effective at and from the hour and date mentioned above and the policy will not be renewed.

Reason(s) for nonrenewal: _____

AUTHORIZED REPRESENTATIVE

MORTGAGEE or LIENHOLDER

<i>SERFF Tracking Number:</i>	<i>STNA-125473810</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>State National Insurance Company Inc.</i>	<i>State Tracking Number:</i>	<i>#28921 \$50</i>
<i>Company Tracking Number:</i>	<i>LG-UCC-AR-IM-001-F</i>		
<i>TOI:</i>	<i>09.0 Inland Marine</i>	<i>Sub-TOI:</i>	<i>09.0005 Other Commercial Inland Marine</i>
<i>Product Name:</i>	<i>Commercial Inland Marine</i>		
<i>Project Name/Number:</i>	<i>Regional Trucking Program/LG-UCC-AR-IM-001-F</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number:	STNA-125473810	State:	Arkansas
Filing Company:	State National Insurance Company Inc.	State Tracking Number:	#28921 \$50
Company Tracking Number:	LG-UCC-AR-IM-001-F		
TOI:	09.0 Inland Marine	Sub-TOI:	09.0005 Other Commercial Inland Marine
Product Name:	Commercial Inland Marine		
Project Name/Number:	Regional Trucking Program/LG-UCC-AR-IM-001-F		

Supporting Document Schedules

Satisfied -Name:	Uniform Transmittal Document-Property & Casualty	Review Status:	Approved	03/04/2008
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Comments:

Attachment:

NAIC Transmittal.pdf

Satisfied -Name:	Third party filing authorization	Review Status:	Approved	03/04/2008
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Comments:

Attachment:

Authorization letter.pdf

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #:	
h. Subject Codes		

3. Group Name	Group NAIC #
State National	0093

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
State National Insurance Company, Inc.	TX	12831	75-1980552	

5. Company Tracking Number	LG-UCC-AR-IM-001-F
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
Larry Wilk	Compliance Manager	847-700-9163 800-232-0631	847-228-4104	lwilk@univcas.com
150 Northwest Point Blvd., Suite 200, Elk Grove Village IL 60007				

7. Signature of authorized filer	<i>Larry Wilk</i>
8. Please print name of authorized filer	Larry Wilk

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	9.0000
10. Sub-Type of Insurance (Sub-TOI)	9.0005
11. State Specific Product code(s) (if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	Regional Trucking program
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: Upon Approval Renewal: N/A
15. Reference Filing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
16. Reference Organization (if applicable)	ISO

17. Reference Organization # & Title	All ISO form filing designations
18. Company's Date of Filing	2/25/08
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking #	LG-UCC-AR-IM-001-F
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21. Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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We are filing our Motor Truck Cargo coverage form and endorsements. These will be used for our Regional Trucking program. This is a new program.

The text of the forms is identical to those filed by Universal Casualty Company. The applicable Universal Casualty filing numbers are AR-PC-06-022307 and AR-PC-07-023011.

We are also filing to adopt all of ISO's currently approved forms.

22. Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]

Check #: 28921

Amount: \$50

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

*****Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**



February 15, 2008

Arkansas Insurance Department
1200 West Third Street
Little Rock, AR 72201-1904

**Re: Letter of Filing Authorization
State National Insurance Company, Inc.
Inland Marine
Initial Form Filing**

Dear Ladies/Gentlemen:

This letter will certify that Universal Casualty Company has been given full authorization to submit the captioned filing on behalf of State National Insurance Company, Inc. This authorization extends to all correspondence related to the referenced filing only. It does not apply to any subsequent filings made after the approval of the referenced filing.

Please direct all correspondence in relation to this filing directly to Larry Wilk, CIDM, AIE, CPCU, Universal Casualty Company, 150 Northwest Point Blvd., Suite 200, Elk Grove, Illinois 60007. Should you have any questions concerning this filing, please contact Mr. Wilk at 847-700-9163 or by email at lwilk@univcas.com.

Thank you for your assistance in this matter.

Sincerely,

A handwritten signature in dark ink, appearing to read "David M. Cleff", written over a horizontal line.

David M. Cleff
Senior Vice President and General Counsel

Cc: File (Avalon-UCC)

<i>SERFF Tracking Number:</i>	<i>STNA-125473810</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>State National Insurance Company Inc.</i>	<i>State Tracking Number:</i>	<i>#28921 \$50</i>
<i>Company Tracking Number:</i>	<i>LG-UCC-AR-IM-001-F</i>		
<i>TOI:</i>	<i>09.0 Inland Marine</i>	<i>Sub-TOI:</i>	<i>09.0005 Other Commercial Inland Marine</i>
<i>Product Name:</i>	<i>Commercial Inland Marine</i>		
<i>Project Name/Number:</i>	<i>Regional Trucking Program/LG-UCC-AR-IM-001-F</i>		

Superseded Attachments

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Original Date:	Schedule	Document Name	Replaced Date	Attach Document
No original date	Supporting Document	Uniform Transmittal Document- Property & Casualty	02/05/2008	